

Delaware's Health Insurance Marketplace: Update on Activities

Delaware Health Care Commission
December 3, 2015

Secretary Rita Landgraf
Department of Health and Social Services



Agenda

- National Updates:
 - Enrollment Update
 - Declining Uninsured Rate
 - Medicaid Expansion
- Delaware Updates:
 - Outreach Efforts
 - Medical Loss Ratio Report
 - 2017 QHP Standards
 - Key Dates and Reminders
- Questions/Comments

National Updates



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Enrollment Update

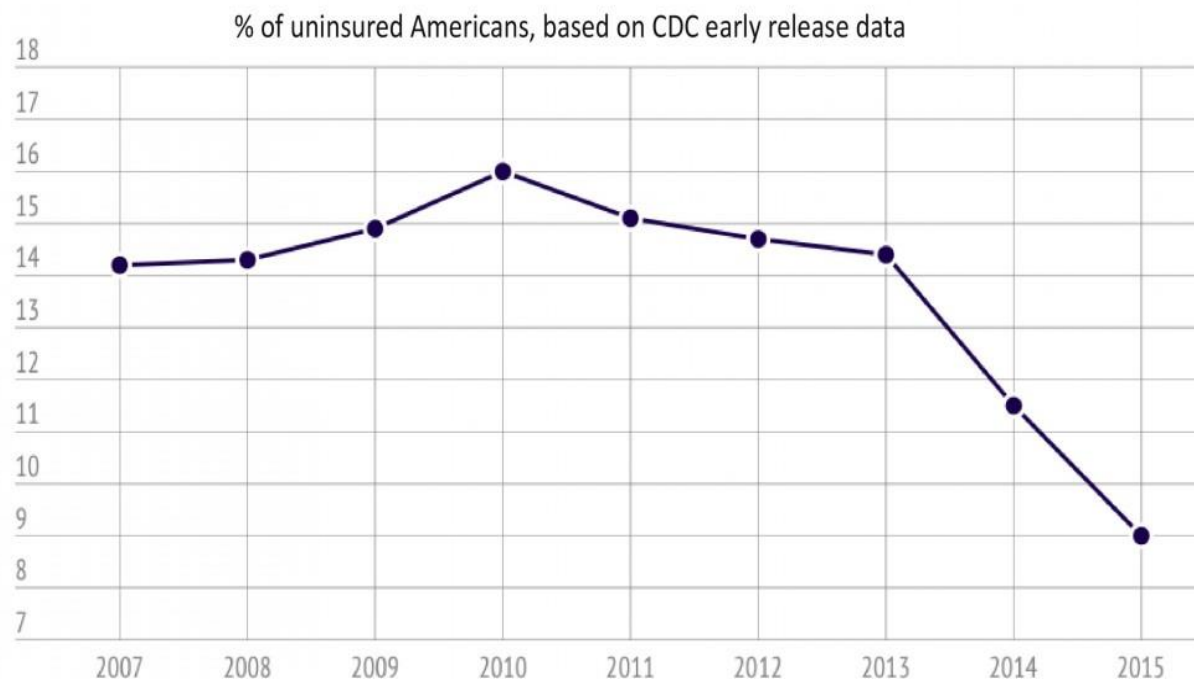
- CMS releases weekly cumulative ‘snapshots’ of plan selections by consumers in the 38 states that use HealthCare.gov. This week’s report was the first to include state totals.
- From Nov. 1 to Nov. 28, 5,471 Delawareans had either picked a new plan or renewed their 2015 plan.
- Nationally, 2,040,430 consumers in these states had selected new plans (35%) or renewed 2015 plans (65%).
- The weekly snapshots do not specify the number of consumers who have paid premiums to activate their coverage, which can become effective as early as Jan. 1.

U.S. Uninsured Rate Continues to Fall

- Number of Americans without health insurance continues to fall, according to latest CDC report.
- In the first half of 2015, an estimated 9% of Americans – about 28.5 million people – were uninsured.
- That is down 7.5 million from 2014, when the national uninsured rate was 11.5%, and down 16.3 million since 2013, when the uninsured rate was 14.3%.

U.S. Uninsured Rate Continues to Fall

CDC: Uninsured rate now down to 9%



Source: CDC National Health Interview Survey

Graphic by @ddiamond

The full CDC/NHIS Report may be found at:

<http://www.cdc.gov/nchs/data/nhis/earlyrelease/insur201511.pdf>



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Reminder of Del.'s Declining Uninsured Rate

- In September we reported on studies of Delaware's declining rate of uninsured through 2014.
- **Behavioral Risk Factor Surveillance System (BRFSS)** – 10.8% uninsured among ages 18-64 through 2014, down from 14.3% in 2013
- **BRFSS** – 8.7% uninsured among all adults through 2014, down from 11.6% in 2013
- **Gallup** – 9.6% uninsured among all adults through 2014, down from 10.5% in 2013

Medicaid/CHIP Membership in Delaware

- Medicaid coverage plays a significant role in reducing the number of uninsured.
- According to a recent enrollment report from CMS, 241,749 Delawareans were enrolled in Medicaid or the Delaware Healthy Children Program, the state's CHIP program, in July of this year.
- That equaled 25.8% of the state's total population (as of July 2014), which about matched the national average of 25.9% for states that expanded Medicaid eligibility to those making up to 138% of the Federal Poverty Level.

Find the full report at: <http://www.medicaid.gov/medicaid-chip-program-information/program-information/downloads/july-2015-enrollment-report.pdf>

Delaware Updates

Outreach Efforts

- CMS Regional Director Joanne Grossi visited Delaware last month to hear from the state's enrollment assisters about their activities. She was pleased to hear of our narrowly targeted approach to reaching the remaining uninsured.
- Sen. Tom Carper stopped by the Dover Library in November to meet with navigators from Westside Family Healthcare and with constituents enrolling on the Marketplace. He encourages consumers to look at their options for 2016 and to rely on navigators for free help.
- Reminder: Consumers must enroll by December 15 for coverage to begin January 1.

Stories From the Ground

- A 19-year-old Hispanic man came to the First State Community Action Agency enrollment site in Georgetown looking for help. He signed up for a plan, received a tax credit of \$107 a month, and qualified for additional cost sharing reductions. His monthly premium is \$80.19 with a \$750 deductible.
- A man from Bear stopped in to Westside Family Healthcare to complete a Marketplace application. He received a fine in 2015 for going uninsured and wanted to start 2016 with coverage to avoid any penalties. He was eligible for a tax credit and chose a Silver level plan with a monthly premium of \$130.

Stories From the Ground

- A 26-year-old woman from Bear who was recently removed from her parents' plan needed insurance starting this month. Prescription drug coverage was important to her, so she selected a Bronze plan that included a \$15 copay for her generic prescriptions, which were covered on her plan. She received a tax credit and pays a monthly premium of less than \$110.
- A waitress who works at a Pike Creek restaurant said a navigator who was doing door-to-door outreach to restaurants and retailers offered to sit down with anyone who wanted information about health insurance or who needed help enrolling. The waitress, who wants to start planning for a family, said good health care is particularly important to her. Viewing her coverage as an investment, she reenrolled and was eligible for cost-sharing and a tax credit. She will pay \$234 a month.

Medical Loss Ratio Report for Plan Year 2014



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ACA Medical Loss Ratio (MLR)

- The ACA's MLR standards require health insurance companies – on and off the Marketplace – to submit financial data, including the proportion of premium revenues collected from consumers that they spent on healthcare-related services. MLR requires insurance companies to:
 - Spend at least 80% (for individual and small group markets) or 85% (large group market) of premium dollars on medical care and activities that improve the quality of healthcare, and
 - Provide rebates to enrollees if this percentage does not meet minimum standards.
- The MLR provides important consumer protection, ensuring that no more than 20% of premiums are spent on issuers' administrative costs and profits, including executive salaries, overhead, and marketing.
- On November 19, HHS released a report on MLR results for Plan Year 2014, the first full year of implementation for many ACA market reforms.

MLR Report for Plan Year 2014

National perspective

- The CMS report indicates that between 2011 and 2014, consumers will have received more than \$2.4 billion in premium rebates as a result of the ACA's MLR requirements.
- For Plan Year 2014, over 5.5 million consumers received nearly \$470 million in rebates, for an average rebate of \$129 per family. Consumers who were owed a rebate should have received a notice from their issuer by October 30.
- The number of consumers enrolled in plans that owe refunds decreased by more than one million in 2014, from approximately 6.8 million in 2013 to 5.5 million in 2014.

What this means

- This means that premium rates for 2014 were set to more closely reflect what insurance companies actually spent on medical care and on quality-improvement activities during that coverage year.

Delaware Medical Loss Ratio for PY2014*

Market	Total Rebates	Number of Consumers Benefiting from Rebates	Average Rebate per Family
All Markets	\$2,072,207	14,399	\$241
Individual	\$601,773	2,289	\$320
Small Group	\$500,516	7,901	\$112
Large Group	\$969,918	4,209	\$437

****Based on MLR reports filed through October 7, 2015***

- Additional MLR information, including MLR data for Plan Years 2012, 2013 and 2014, may be found at: <https://www.cms.gov/CCIIO/Resources/Data-Resources/mlr.html>

Delaware MLR: Issuers Owing Rebates for 2014

Company	Rebate - Individual Market	Rebate - Small Group Market	Rebate - Large Group Market
AmeriHealth HMO, Inc.	\$ 0	\$ 0	\$ 92,667
Cigna Health and Life Company	\$ 0	\$ 0	\$ 864,479
Coventry Health and Life	\$ 307,674	\$ 0	\$ 0
Coventry Health Care of Delaware, Inc.	\$ 0	\$ 405,850	\$ 0
Mid-West National Life Insurance Company of Tennessee	\$ 100,026	\$ 0	\$ 0
QCC Insurance Company	\$ 0	\$ 0	\$ 12,772
Time Insurance Company	\$ 194,073	\$ 0	\$ 0
UnitedHealthcare Insurance Company	\$ 0	\$ 94,666	\$ 0
Total Rebates (2014)	\$ 601,773	\$ 500,516	\$ 969,918

2017 QHP Standards

- Draft 2017 QHP Standards were presented to the HCC at the November meeting and were posted to the HCC and ChooseHealthDE.com websites for public comment.
- No public comment was received.
- The final draft is presented for approval.

Proposed QHP Standards for Plan Year 2017

- The Workgroup reviewed the 2016 Qualified Health Plan Standards and recommends a list of changes for the 2017 Standards:
 - Ensure language and definitions are consistent with statutes and legislation
 - Incorporate healthcare reform initiatives of the State Innovation Model
 - Promote consumer protection and range of plan options

Key Dates and Reminders

Date	Milestone
December 15, 2015	Last day to enroll for coverage to begin Jan. 1
January 1, 2016	Insurance coverage begins for Plan Year 2016
January 15, 2016	Last day to enroll for coverage to begin Feb. 1
January 31, 2016	Open Enrollment ends for Plan Year 2016

- Consumers who experience qualifying life events such as birth/adoption of a child; marriage or divorce; loss of minimum essential coverage; aging out of parents' insurance at age 26; or domestic violence eligibility may enroll outside of open enrollment.
- Enrollment assisters and agents and brokers are available to help with enrollments outside open enrollment.
- Visit www.ChooseHealthDE.com to find assistance.

Enrollment in Medicaid and in the SHOP marketplace for small businesses is open year-round.

Questions/Comments

- Health Care Commission
- Public



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